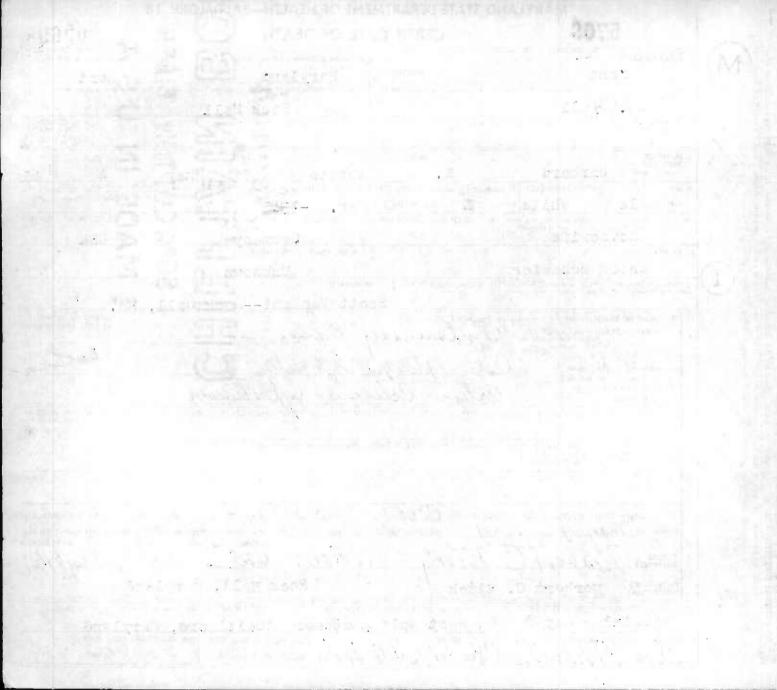
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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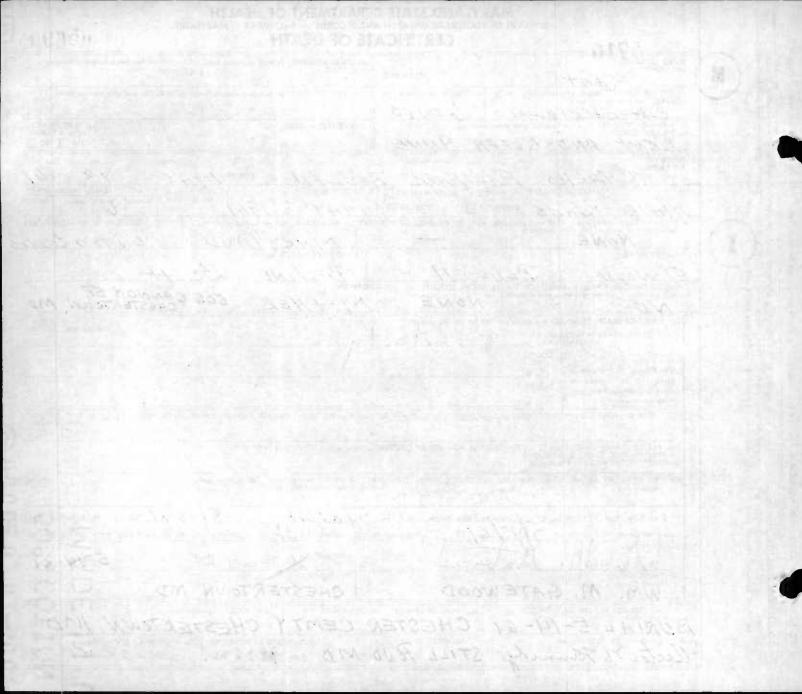
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MAR

BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH	AITU	KECOKD:	_	DALLI
CERTIFIC	ATE	OF I)F	ΔTH

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1	1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI			before admission)
1	RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		write RURAL and giv	re nearest town)
3		reet address)	d. STREET ADDRESS	er Cavr	3)	e. IS RESIDENCE ON A FARM?
4	KENT AND QUE	EN HNNE	500	anon	2-64	YES NO
	3. NAME OF DECEASED (Type or print) HARIES	Middle AUIKNER F	Lost REDWELL	4. DATE OF DEATH	Month 2 Y	Day Year 13 196/
	5. SEX 6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRTH		The state of the s	
	111 6 XX/TILL		MAY 8,	1961	yrs.	0
b. COUNTY D. COUNTY Count		+ED HAT				
			14. MOTHER'S MAIDEN I	NAME	10/1/	100 SIMIL
	ELWOOD BE	DWEIL	PAULIN	E Sc	6++	
			IFORMANT	· rol	ANNON	57.
	NO -	NONE	MOTHER	6 206	CHESTER	TOWN MD
		er line for (a), (b), and (c).]	NEWS TO SERVE			INTERVAL BETWEEN ONSET AND DEATH
		Tre hatmi	14		12010	
	1/6X DUE TO					
)		7701-410	
	DILETO					
	Ivian cours lost					
	PART II. OTHER SIGNIFICANT CONDITIO	INS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item	18.)	
	3 20c. TIME OF INJURY Month, Day, Year 20	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(Co	unty) (Stote)
	Haur o. m. 19 of		tory, street, office bldg., etc)		
		tended the deceased fram.	1 / 0	0	/	
		19 and that a	leath accurred at 2P	M, fram the caus	es and an the	
	22a. SIGNATURE	towar				5-14-61
	NIAME (Y	WOOD		ERTOWN,	MD.	
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF		R CREMATORY	23d. LOCATION (City,	tawn, ar county)	(Stote)
1	BORIAL 5-14-6	1 CHESTEN	? CEMTY	CHESTE	ERTOWA	IND
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PAIR	AAA N	D BY REGISTRAR 25E	REGISTRAR'S SIGN	NATURE
	11/18/10 / Kunung	- 3/166 /QNU	JV / DATE	の度 エ マ (0) t	Water Joseph Big	CLANCIN



Kent.

PLACE OF DEATH

o. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

05700

Ken t

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

ofter death. Page

be executed within 24

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ATTENDING PHYSICIAN: The low requires

funeral

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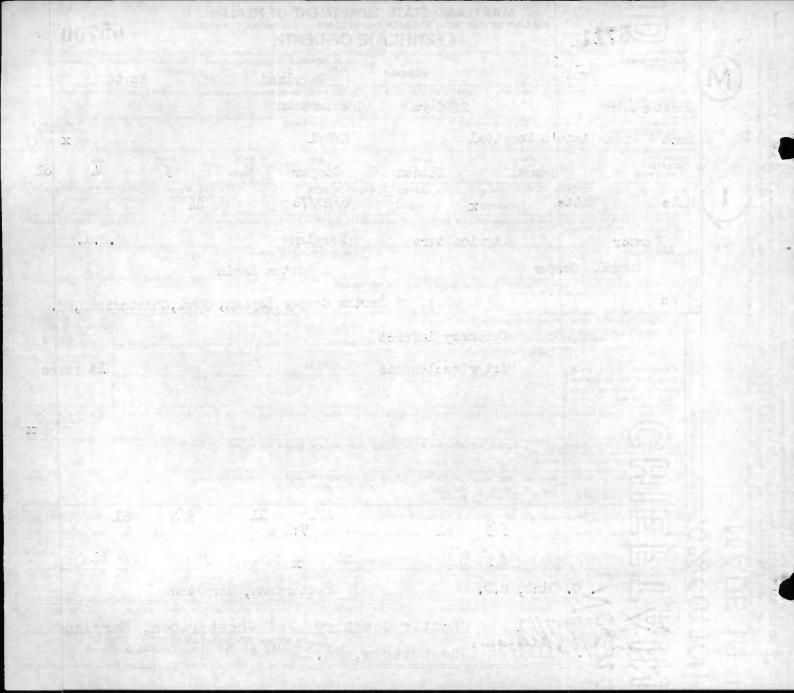
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director, ifed with be filed by the fune d 2 should b puo Poges death. popers. pon COL within event ony puo removol.

physician remove offending pieose the þ gned by permit. been si by the hospitol or ottending physician. burial-tronsit certificote 00 Use After this 0 detached for DIRECTOR: pe ned x Board 3 should poge 3 sh the State I

Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester town Chestertown 22 days d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Kent & Queen Anne's Hospital ON A FARM? RFD#1 YES IN NO NAME OF Middle 4. DATE First Last Month Year Day DECEASED OF DEATH 1961 Tilden 5 Samuel Cooper (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 6/20/76 Months Days Hours Male White DIVORCED [WIDOWED IN 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Agriculture Maryland U.S.A. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Cooper Adatha Rasin 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or Bertha Cooper Layhen, RFD#1. Chestertown. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary infarct 22 days IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis 15 years Canditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) MEDICAL 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) o. m While Not while ot work at wark 19 61 ta 1961, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1961 and that death accurred \$10aM, from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A. C. Dick, M.D. Chestertown, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Burial Chester Cemetery Chestertown. 24. FUNERAL DIRECTOR'S ADDRESS 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Cirthun S. Thank iams Chestertown.

TO FUNERAL VR A15 (4) ISM 9/59



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/S9

5712

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF** E 1, MARYLAND

05701

STATISTICAL	RESEARCH	AND	RECORDS	- BALTIMOR
CE	RTIFICA	ATE	OF D	EATH

1. PLACE OF DEATH o. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION EIM St.	Chestertown, Md. d. STREET ADDRESS Elm St. o. IS RESIDENCE ON A FARM? YES NO OF
3. NAME OF DECEASED (Type or print) Henritetta Agnes Cosden	Lost 4. DATE Manth Day Year OF DEATH May 4, 1961 19
C TOTAL CONTROL OF THE CONTROL OF TH	B. DATE OF BIRTH Sept. 20, 1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	Talbot Co. Maryland USA 14. MOTHER'S MAIDEN NAME
Martin Donlin	Mary Farley
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. or unknown) (If yes, give wor or dates of service) 214-03-6569 Ca	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH L week
Canditions, if any, which gave rise to immediate cause (a), stating the under-	lisease 2 years 10 years
Iying couse lost. (c) Arteriosclerosis Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Arthritis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (d) 19. WAS AUTOPSY YES NO THE TERMINAL DISEASE CONDITION GIVEN GI
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 5-3 1961, and that deceased of the deceased from 1961 and that deceased of the deceased from 1961.	1-27 19.59, ta 5-4 19.61, that (1) (we) lost death accurred of 3:30% from the couses and on the date stated obave.
220. SIGNATURE accide	22b. DATE
22c. PHYSICIAN'S A. C. Dick	Chestertown, Md.
23g. BURIAL, CREMATION. 23b. DATE THEREOF BURIAL (Specify) May 6,1961 Chester Co	01
24. FUNERAL DIRECTOR'S SIGNATURE Chestertown	n, Md. DATE MAY 8 '61 Cully & Trans

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VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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U	U	7	IJ	6

1	1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryl	b. COUNTY	on: Residence before admission) Kent
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Chestertown	c. LENGTH OF STAY IN 16 20 hrs, 15 min	c. CITY OR TOWN (IF a	outside carporate limits, write R	URAL ond give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Kent & Queen Anne's Hospit		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) John	Middle Thomas	Crouch	4. DATE Mon	
	S. SEX Male 6. COLOR OR RACE 7. MARK White WIDOW	The state of the s	6/28/92	9. AGE (In years lost birthdoy) 68 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yacht captain	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote Maryland	or foreign country)	U.S.A.
)	13. FATHER'S NAME Richard Crouch			Stauffer	
	[Yes, no. or unknown] . If was nive war or dates of service)		formant adys G. Crouc	h,Rock Hall,Md	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4200 Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying couse lost. (c)	Leipschat	tic Dear	t Diseas	9
	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I			VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	4	Nat while foct	CE OF INJURY (Home, farm tary, street, office bldg., etc	n, 20f. (City or town)	(County) (State
	21. I certify that (I) (this hospital) attends as the deceased olive on 15, 5, 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) William M. Gater	alway A	A.D. PHYS. DI	1	
	23g BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF Wesley		POCK HALL	ar caunty) (State)
	24. FUNERAL DIRECTOR'S SIGNATURE	PORCh HILL	25a. REC'		STRAR'S SIGNATURE

Transfer No. of Call the same of the control of the control of the call of the cal The second secon The state of the s THE RESERVE OF THE PARTY OF THE

FOR STATE HEALTH DEPT.

TO DE! I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Oblighthor is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5714	MEDI	CAL EXAMINER	R'S CERTIFICA	TE OF DEATH	05703
1. PLACE OF DEATH a. COUNTY Ke	nt	Item Id Film G Item 7 Film G MARYLAN	150b 8475/01	with the common way with the country land b. COUNTY b. COUNTY land	institution: Rasidence bafora admission) NTY Kent
b. CITY OR TOWN (i write RURAL and Galena (Ru	f outside corporata limits, giva nagrast town)	c. LENGTH OF STAY IN	near Gal.	(if outside corporate limits, write	a RURAL and giva nearast town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (if n	ot in hospital, giva street eddrass)	d. STREET ADDRES	S	e. IS RESIDENCE
Kent & Quee	n Anne's Hos	pital D.O.A.			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ja		Allen	Green	4. DATE Month OF DEATH May	Day Year 19 19 61
5. SEX male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	Jest birthday)	Months Days Stimate Hours Min.
1Da. USUAL OCCUPATI done during most of wo laborer	ON (Giva kind of work rking lifa, evan if retirad)	10b. KIND OF BUSINESS OR IND		arolina (?)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	
Unknow	on		Urchna	un	
PART I. DEATH 35 Conditions, if any gave rise to immedical, stating the uncause last.	WAS CAUSED BY: MMEDIATE CAUSE (a) Pr MAREDIATE CAUSE (b) Which alta cause indarlying DUE TO F SIGNIFICANT CONDITION SIGNIFICANT CONDITION CW CW CW CW CT CT CT CT CT CT CT	ater. Dead on	ng or asphy nown to suf is night. La 15P.M. lyin arrival at it NOT RELATED TO THE TERM ynx contain	fer from epi st seen 12 N g face down hospital 4: UNAL DISEASE CONDITION GIV ed mud & mud	oon at lunch. in a puddle of
200 TIME OF INJU Between 1 &31.15.	P.M.5/19/6	While Not While	PLACE OF INJURY (Homa, fa factory, street, office bldg., a Farm	Galena	(County) (Stata) Kent Maryland
		he remains described above as , Accident ,	s, held an Autopsy, Suicide, Homicide	Inspection Inquir	
ACTUAL SIGNATURE	Let When	w	M.D.	DICAL EXAMINER 5/2	20/61 DATE SIGNED
EXAMINER'S NAME (Typa)	Robert W.	Farr, M. D.		city, town, or county ches	tertown, Md.
Burial (Spacify)	May 23, 19	961 Olivet Hil	L Com.	Hallera C	Kent Co. Md.
Edward.	Fellows.	Millington	Med DATE	AY 24 '61 Civ	Chur S. Kinna

JOBN. (server) sports transfer (least speig Co. Out of the party of the same firms Green Saw 16 James 0010101 be10100 615,011,120. 00 Source Chroting (7) - USA Tatadal SORTON-CONTROL SWEET SWEET STATE OF THE NEW WILLIAM STATE OF THE NEW WILLIAM STATE OF THE STATE directed of the contract rom GMTD Bell . vecesion of the ca much the bear been and the colaures orestons alght, Lest goon 12 Moon at 1 hach. To albour 3 mi much cont galvi. W. Telis dunda hauch con woods . R. W. Pit & Intropost of Inviers no beef . wether remainstratory truck including phoryex contained and a muddy at tor, Galuna Kent Maryland = 120/62 = ===== · Ha , throat as leave (). . Hobert W. Farr, M. D.

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a. COUNTY	Kent			MARYLAN		STATE	NCE (Who			institution: DUNTY	Residence be	fare adm	issian)
b. CITY OR TO	WN (If outside carpo	rate limits, wr	ite c. LENGT	H OF STAY IN 1	b	CITY OR TO			rote limits.	write RUR		earest to	wn)
RURAL and	give nearest town)			,		~		rtown			5		
	tertown HOSPITAL (If not in ho	aspital, give st	reet address)	hrs.		d. STREET ADD		I.m MII			3/	e. IS F	ESIDENCE
OR INSTITU	TION		11 11 10 11 11						24			ON	A FARM?
	Queen Ann		spital				o car	nnon S	JU.				
3. NAME OF DECEASED (Type or print)		First Ethel		Mae Mae		Hopki	ne	4. DATE OF DEATH		Mav		Day 8	Year 19 61
5. SEX	6. COLOR O		MARRIED NE		B. DA	TE OF BIRTH	110		9. AGE (In	years II	FUNDER 1 YE	_	
Female	Whit		OWED 🔀	DIVORCED [5/6/8	5		last birt		Manths Day	Hau	rs Min.
Oa. USUAL OCC	JPATION (Give kind	of work dane	10b. KIND OF B	USINESS OR IN	IDUSTRY	11. BIRTHPLAC	CE (State o	ar foreign c	auntry)	1000	12. CITIZEN	OF WHA	TCOUNTRY
	of warking life, even i	retired)			513	M:	arvla	and			U.	S.	
13. FATHER'S NA					14.	MOTHER'S M	-						
Fmoul-1	in Dialect	BIN				Louis	e				(unk	nown
	in Pickett ED EVER IN U. S. ARA		16. SOCIAL SE	CURITY NO. 1	7. INFOR	MANT				Addres	iš		
(Yes, no, or unknown)	(If yes, give war or	r dates of service)	none		Robe	ert C.	Hank	ine	C	acte	rtown.	Mar	hrefv
NO CAUSE O	DE DEATH (Colonell		1 (a) (a) (a)	b) 1 (a) 1	TODE	100.	HODK.	T112		10300			BETWEEN
The state of the s	F DEATH [Enter and I. DEATH WAS CAUS			al thro	mb o a s						Ö	NSET AL	D DEATH
	IMMEDIATE C		eerebr	at curo	HOOST	.3						4 ca	yo
33	X	DUE TO			•							Year	
	, if any, which	(b)	Arterio	scleros	1.3					100		-ear	3
	ta immediate (DUE TO									7-17		
lying cause		(c)											
PART	II. OTHER SIGNIFICA	NT CONDITIO	ONS CONTRIBUT	ING TO DEATH	BUT NOT	RELATED TO T	HE TERMII	NAL DISEAS	E CONDITI	ON GIVEN	N IN PART 1(a	PER	S AUTOPSY FORMED?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF OTIFY MEDICAL EXA	DEATH	DESCRIBE HOW	/ INJURY OCCU	RRED. (En	ter nature af i	injury in P	Part I ar Par	rt II af item	18.)	Mall.		
			0.1 INTURY 0.00	CURRED 200	DIACEC	OF INJURY (Ha		205 (CI)			10		/C b=b.
Hour	a. m.	, w	od. INJURY OCC	while		street, affice b			y ar tawn)		(Caun	γ)	(State
	p. m.	ui	wark at wa	1	5-1	L	10	51 , ta	5-8	-	,, 61	AL A 41	
	y that (I) (this he	44. 34	rended rne d	61 and the	m	accurred		1.14_		es and	-, 19,		
22a. SIGNAT					ar deull	. decorred	un e Tada	J. (, 479III	me cuo:	di diid	un me de	ic sidi	22b. DATE
		ai	16i	4	M.D.	ATTENDING PHYS.	ME DIF	D.	STAFF PHYS.		5-	8-61	SIGNE
22c. PHYSICI. NAME (1		Dick, M	1.D.			22d. ADDRESS		ertown	n, Mai	rylan	ıd		
23a. BURIAL, CRE		THEREOF	23c. NAM	ME OF CEMETER	Y OR CRE	MATORY		23d. LOCA	TION (City	tawn, ar	caunty)	(5	tate)
Barra	pecify) May	10, 1	.961	Cheste	r Ce	em.		Che	ester	town	n, Md.		
24 FUNERAL DIR	CTOP'S SIGNATURE		ADD	RESS		2	25a. RFC'I	D BY REGIS	TRAR 25	b. REGIST	RAR'S SIGNA	TURE	
ZA. FUNERAL DIRI	SIGNATURE	1.00.		tertow	m, l	h.		AAY 1 0			relium S.	4 .	

the attending physician and campletely filled Then please remave carban papers. Pages 1 of requires that the death certificate be executed within 24 event, within 72 haurs after Then please D HOSPITE ATTENDING PHYSICIAN: The law requires that may be by the hospital ar attending physician.

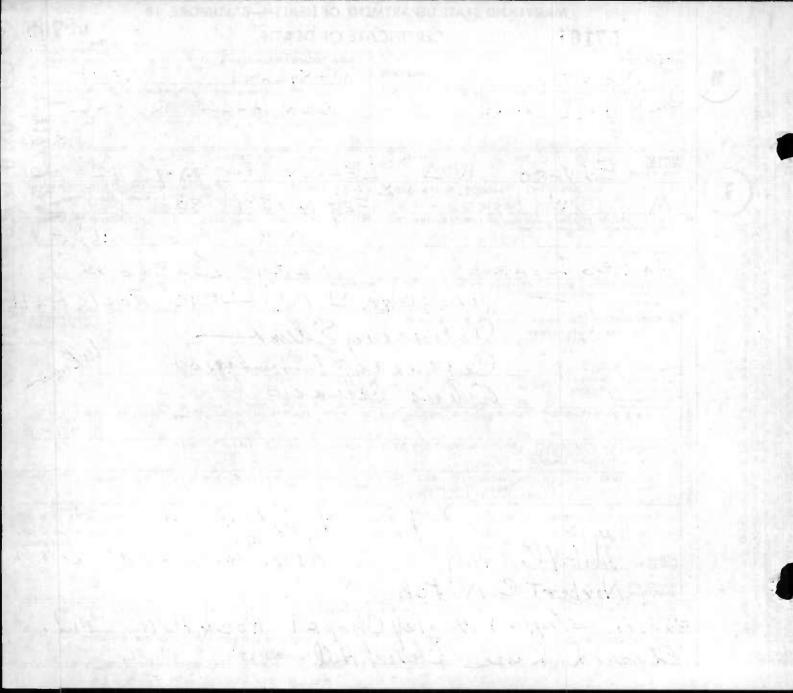
D FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit the State Baard of Health priar ta burial, crematian, ar remayal, or TO FUNERAL

VR A15 (4) 15M 9/59

in by the funeral directar, and 2 should be filed with

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		Table 1		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5717 CERTIFICATE OF DEATH Reg. Dist. No. U 5706

1. PLACE OF DEATH o. COUNTY	Kint	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Many.	here deceased lived. If inst b. COUN		ore admission)
b. CITY OR TOWN RURAL GILL GIVE	(If outside corporote limits, write neglest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IF	outside corporate limits, wri	te RURAL and give ne	earest town)
X V	MAL (If not in haspital, give street	oddress)	d. STREST ODDRESS	ahe are.		e. IS RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print)	Lula	A. Middle	Lost	4. DATE OF DEATH	Month D	1961
5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE (In ye lost birthdo	ors IFUNDER 1 YEAR (Y) Months Days yrs.	R IF UNDER 24 HRS. Haurs Min.
during most of wo	TION (Give kind of work done 10b. orking life, even if ratired)	KIND OF BUSINESS OR INDI	STRY 11. BIRTHPLACE (Stote	or foreign country)	Incl U	S. A.
13. FATHER'S NAME	ch Donny		Many E	rancis S	livens	
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES/ 16.	SOCIAL SECURITY NO. 13-12-3245 B/1	My Leonar	y Leany ?	Tuch I far	4
	EATH [Enter only one couse per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), ond (c).]	henry	roce		ERVAL BETWEEN ISET AND DEATH
Canditions, if gave rise to cause (o), stating	immediate (δ	a	hours
lying cause lost	(c)					
CATIC	THER SIGNIFICANT CONDITIONS					PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING ☐ 20b. DES IG ☐ CAUSE OF DEATH PROJECT (CAUSE OF DEATH PROJECT)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.		
ZOc. TIME OF INJU Haur a. m. p. m	. While		IACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City or town)	(County) (Stote
21. I certify alive an	that I attended the decease, 19.5	sed fram 5 (second second seco		M, fram the causes ADDRESS (Street, city or to		
PHYSICIAN'S NAME (Type)				an again con again again on again agai		
220. BURIAL, CREMATI	" May 9/41	22c. NAME OF CEMETERY	hapel lim.	Much Hal	1. Man	lune!
23. FUNERAL DIRECTO	in Villelliam	s Chelut	un hed DATEAN		EGISTRAR'S SIGNATU	JRE

CHIMIC IO STADISTICA COLLEGIO DE LA COLLEGIO DEL COLLEGIO DEL COLLEGIO DE LA COLLEGIO DEL COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DEL COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DE LA COLLEGIO DEL COLLEGIO DE AUT COL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05707

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased I	6 COLINITY	
Kent		Maryland	Keni	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	lifetime	Chesterto		nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of or INSTITUTION Kent & Queen Anne Ho	ospital (2 ospital (week	d. STREET ADDRESS S 530 High St		e. IS RESIDENCE ON A FARM? YES NOX
3. NAME OF First DECEASED (Type or print) James Ed	dward Patricl	Last 4. DATE OF DEATH	May 15, 1961	Day Year
s. sex male 6. color or race 7. marr white whowe	X -	Feb. 7, 1905	AGE (In years less birthday) 56 yrs. IF UNDER 1 YI	EAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Painter	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign cou Kent Co. Mary]		OF WHAT COUNTRY?
13. FATHER'S NAME	- 12 12 F - 1 C - 1	14. MOTHER'S MAIDEN NAME		WE'S
McKendree Pat	rick	Mary Knotts	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address Chac	tertown,
(Yes, no, or unknown) (If yes, give wor or dates of service)	219-05-6938	Lillian Patrick	530 High St	· ·
PART I. DEATH Enter only one couse per lin	ne for (o), (b), and (c).] Coronary Inf	arct		2 Weeks
Conditions, if ony, which (b)	Extensive Co	oroary Sclerosi	is	2 yrs
gove rise to immediate cause (a), stating the under-				
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C Infarction rt. Lun	og. Old Thron	hosis Celiac & S	Sun Masanta	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port I	of item 1B.) AILEI.	ies -
Hour o.m. While		ACE OF INJURY (Home, form, tory, street, affice bldg., etc.)		nty) (State)
21. I certify that (I) (this haspital) attends as the deceased alive an May 15		April 30 1961 to Me		that (I) (we) last
220. SIGNATURE PLUT DO	/	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 5/15	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Robert W. Fa	ırr	22d. ADDRESS Chestertov	wn, Md.	
230. BURIAL, CREMATION, 23b. DATE THEREOF May 17, 1961	23c. NAME OF CEMETERY OF Chester Ce		on (City, town, or county) stertown, Md	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	Chestertown	n, Md. 250. REC'D BY REGISTR.	ar 25b. REGISTRAR'S SIGNA	

TO HOSP VR A1S (4) 15M 9/59

ASSESSED AND ASSESSED AND ASSESSED. A CONTRACTOR OF THE PROPERTY O

FOR STATE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. lay is necessary, * MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at

TO DE

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of PATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5708

1.	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceasad lived, If institution: Rasidence before admission)						
		Kent MARYLAND	a. STATE Maryland b. COUNTY Lent						
	1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
	1.	write RURAL and give nearest town) (rund) I day	X million (surae)						
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE						
X	3		ON A FARM?						
1	3	NAME OF First Middle	Last 4. DATE Month Day Year						
		DECEASED (2)	OF 20 OLG						
		(Typa or print) NAYMAN JORSEY /	HOMAS DEATH May 24 1964						
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
		Thall Colored WIDOWED DIVORCED []	ept. 10, 1886 74° yrs. Months Days Hours Min.						
		USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
10	001	Latorer tarms	marsland W.Sa.						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	P	A object thomas	Elizabeth - Johnson						
1	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Addrass						
		s, no, or unkown) (Ifyasgivawarordatasofservica) 2111 22-101	source Vinner (carry) me it is to a it						
	-	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).)	and morney in helling in hid						
		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH						
33 X DUE TO is a control in the crimes have while whay loft comple									
		gave rise to immediate cause (a), stating the underlying DUE TO of QUICAGED TO THE TOTAL T	ne realities						
		causa last. (c) (allowed Lell !	instanceions y dud -						
3	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
j	CERTIFICATION		PERFORMED? YES NO						
5	CERTIF	208. EXTERNAL CAUSE WAS PRIMARY OF OF OPERATION OF OPERATION OF DEATH.	ntar natura of injury in Part I or Pert II of Itam 18.)						
	- 1		CE OF INJURY (Homa, farm, † 2Df. (City or town) (County) (State)						
	MEDICAL		ory, streat, office bldg., etc.)						
- 1		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion						
		death resulted from: Natural causes , Accident , Suicident	de , Homicide , Undetermined manner						
w.	9.1	01 00	CHIEF MEDICAL EXAMINER						
		ACTUAL RILLY VICEN	ACCICTANT MEDICAL EVAMINED TO BETT BIONIPD						
-		SIGNATURE	DEPUTY MEDICAL EXAMINER						
		EXAMINER'S ROBERT WHARR	Addrass (Streel, city, lown, or county)						
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City town, or country) (State)						
	15	urus 5/28/6/ Chestenvelle	Cem. Willington (Rural) Md:						
)	22.	FUNERAL DIRECTORY ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
1	1	durand Follows. Bellerator	E TILL DATE MAI 29 014 Common S. Thomas						
	4	The state of the s	4// /						

THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY 10 83 04

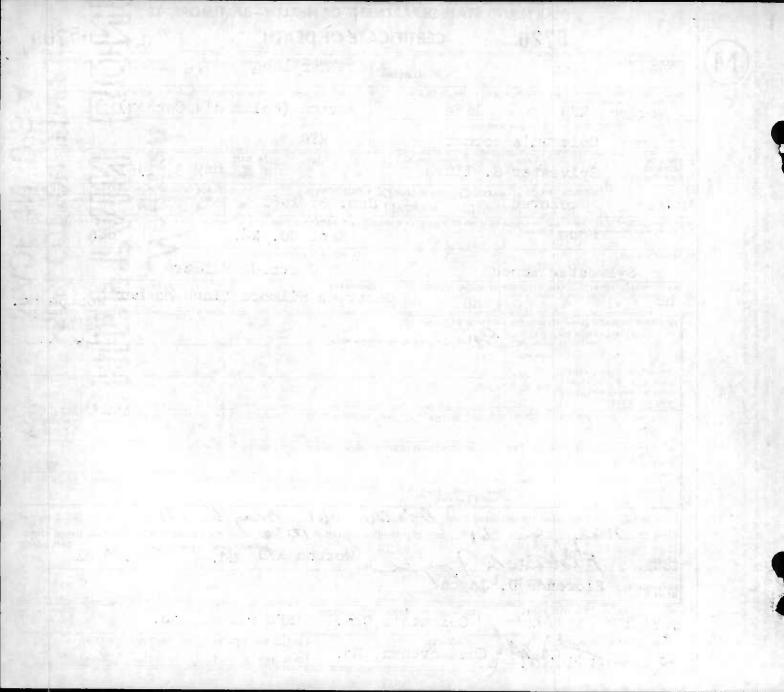
VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5720 CERTIFICATE OF DEATH

Reg. Dist. No. U 5709

)[1. PLACE OF DEATH o. COUNTY	Kent	MARYLAND	Andecease	predeceased lived. If institution for the country for the coun					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) Worton RFD c. CITY OR TOWN (If outside corporate limits, write RURAL and Worton (coleman's Corner)								n)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION at Home Coleman's corner			d. STREET ADD		e. IS RESIDENCE ON A FARM? YES NO				
3	3. NAME OF DECEASED (Type or print)	Sylvester S	Last 4. DATE OF May 6, 1961 Day Year							
1	male	6. COLOR OR RACE 7. MAR COlore VIDOW	RRIED NEVER MARRIED 🛣	Jan. 3,	1961	9. AGE (In years lost birthday) yrs.	1.1	YEAR IF UND	ER 24 HRS. Min.	
	10a. USUAL OCCUPATI during most of wor	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) Kent CO. Md. 12. CITIZEN OF WHAT COUNTRY? USA						
13	13. FATHER'S NAME	1454-1-1-1-1	14. MOTHER'S MAIDEN NAME							
	Sv1	vester Tonch	Gertrude Wilmere							
		ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	no Ge	nformant rtrude W:	ilmore 7	Finch Mc	other	Worto	n Md	
	Conditions, if c gave rise to couse (a), stating lying couse lost. PART II. OT	the under (c) HER SIGNIFICANT CONDITIONS					VEN IN PART I	PERFC	k-	
		20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)								
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. P. m. 19 While Nat while at work of work of work of work of work 19 Nat while at work 19 Nat while 20 Nat work 19 Nat while 20 Nat work 19 Nat while 20 Nat work 19 Nat work 19 Nat while 20 Nat work 19									
	21. I certify that I attended the deceased fram bitth, 1961, to May 6, 1961, that I last saw the deceased alive an May 4, 1961, and that death accurred at 12; 364M, from the causes and an the date stated above. ACTUAL SIGNATURE Florence D. Joyce M.D. Worton RFD Md. 5/6/61 PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, toyn, ar county) (State)									
	BENEVAL D'RECTOR		Coleman's	Cem.	RFD Wor	ton, Ma	STRAR'S SIGN			
	Benn		Chestertown,	Md.			-Thun 8.			



TO FIGURERAL DIRECTOR: After this certificate has been signed by the attending physician.

STO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after result.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	5721		CERTIFICA	AIE	OF DEATE				05	210	
1. PLACE OF DEA	TH				2. USUAL RESIDE	NCE (When			sidence before	e edmission	
Kent b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b.				ND	e. STATE Md.	VIY Ken	n+				
							corporate limits, write			own}	
write RURAL a	and give neerest town)				Consestan						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)				d. STREET ADDRESS 0. IS RESIDENCE						
	ATTAL OK HASTITOTION (III	not in nosp	nier, grve sireer eddress;		d. SIRLLI ADDRES.					N A FARM	
Home									YES		
NAME OF DECEASED	First		Middle		Last	4. DAT	'E Montl	1	Dey Y	eer	
(Type or print)	John			1	Welch	DEA	тн Ма	y.	27. 1	961	
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 Y	EAR IF UND	ER 24 HRS	
Male	Turb 4 + a	WIDOWED	DIVORCED	M	nwah 6 100	01	80 yrs.	Months De	ys Hours	Min.	
	ATION (Give kind of work		ND OF BUSINESS OR IN	DISTRY	arch 6, 188			12 CITI7	EN OF WHAT	COUNTR	
done during most of	working life, even if relired	1)		_	n, bikiriir ince (co.	anny or orere	, or rolledgit country)				
	at Captain	Boat	 Commercia 		Maryland			U.S	. A.		
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
aron Welc	h				Mary Wooda	11					
5. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.		FORMANT		Address				
res, no, or unkown)	(If yes give wer or detes of se		16 7220	Aar	on W. Welch	h.	Raleigh,	North	Carol	ina	
18. CAUSE OF	DEATH lEnter only one		5-16-7329		- 118 110202	,	Ruleigh	HOT LIL	INTERVALE	BETWEEN	
PART I. DEATH MASS CAUSED BY: Acute Coronary occlusion with Massive infarction NSEMAND DEATH MASS CAUSED BY: Acute Coronary occlusion with Massive infarction											
IMMEDIATE CAUSE (6) ACUTE COTONALY OCCLUSION WITH MASSIVE INTACCTOR											
7 × 011 DUE TO											
	Conditions, if eny, which (b)										
	geve rise to immediate cause										
couse lest.	tel, stelling the underlying										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY											
PART II. OTH		K (I							-	FORMEDZ	
									YES	NO T	
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH										
	FY MEDICAL EXAMINER)										
)	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)										
Hour a.m. While Not Whila factory, street, office bldg., etc.)											
May 26 61 May 27 61											
	21. I certify that (I) (this hospital) attended the deceased from 19, 19, 19, 19, 19, 19, 19										
saw the deceased alive on. 19											
22e. SIGNATUR	[///	/	1 -		ATTENDING	MED.	STAFF			M SIGH	
1/12/1	ace //s	ens	noin	M.D.		DIRECTOR	PHYS.		-7	8	
22c. PHYSICIAN NAME (Ty					22d. ADDRESS						
	ace Obenshai	n.M.D			Cec	ilton,	Md.				
3a. BURIAL, CREMA	ATION, 236. DATE THER		23c. NAME OF CEME	TERY OF	CREMATORY	23d. L	OCATION (City, to	wn or county)		(State)	
REMOVAL (Speci	May 30,19	2.	Georgetown	Com	etery	Georg	getown, k	ont Co	. M	id.	
		01	ADDRESS	Celli			GISTRAR 256. RE			CL D	
4 FUNERAL DIRECT	The state of	, 41	1' Of Ress		no	10					
Pawares	Tellow	5, 11.	Helington	41	ILAL DATE	IN 1	61 an	Uma S. H	Parties		

